

**HUMAN RESOURCE DEVELOPMENT INSTITUTE
REQUEST FOR REGISTRATION
CN 318a, TRENTON, NJ 08625**

REQUEST #: _____

INSTRUCTIONS: Complete one form per event. Event Data and Customer Data must apply to all participants; otherwise, submit separate request(s). If not provided by HRDI, attach course description and complete Justification Section located on the reverse side of this form.

REQUEST CATEGORY

_____ New _____ Revision (Please attach copy of Original Request)

EVENT DATA

Course Title: _____

Class Code _____

Start Date: _____	End Date: _____	Start Time: _____	End Time: _____	Total Hours: _____	Total Credits: _____	Credits CEU
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REQUEST TYPE

(Check One for Class Type)	_____ HRDI Open	Location: _____
	_____ HRDI Contract	Provider Name: _____
	_____ Customer SME	Address: _____
	_____ Outside Contractor	Telephone: _____
	_____ Tuition/Graduate	
	_____ Tuition/Undergraduate	
	_____ Tuition/Other	
_____ Conference		

CUSTOMER DATA

Department/Agency: _____

Division/Institution: _____

Address: _____

**BILLING INSTRUCTIONS
(HRDI Training)**

**ESTIMATED COST PER PERSON
(Non-HRDI Training)**

In order to process this request, this section must be complete.

_____ Bill Agency Allocation

FUND AGCY ORGN APU ACTY OBJT

Registration and/or Tuition	_____
Per Diem	_____
Travel	_____
Other (Explain)	_____
TOTAL	x Participants

APPROVAL SECTION

Supervisor/Requester

Departmental Approval

HRDI Approval

____ App ____ Disapp

____ App ____ Disapp

____ App ____ Disapp

Signature/Date

Signature/Date

Signature/Date

